

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>076710036</u>	FILING DATE <u>9/28/00</u>				
							APPLICANT(S)					
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.	•		•		•		
						IND.	DEP.	IND.	DEP.	IND.	DEP.	
1						51						
2						52						
3						53						
4						54						
5						55						
6						56						
7						57						
8						58						
9						59						
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40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	9					TOTAL IND.						
TOTAL DEP.	6					TOTAL DEP.						
TOTAL CLAIMS	15					TOTAL CLAIMS						